

**ATTACHMENT A**

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 FINAL REQUEST FOR CASH CLOSEOUT REPORT**

Agency:		CSS STAFF USE ONLY	
Address:		Contract Staff Review:	Date:
City:	State: Zip:	Fiscal Review:	Date:
Contract Number:	Program:	Fiscal Approval:	Date:
Fiscal Year Period: 07/01/09-06/30/10	Req. No:	Amount Paid:	Enc. No.:

Current Budget	<b>Total</b>
Current Period Expense	
Prior Period Expense	
Total Expenditure	
Cash Balance	
Cash Request	
Available Balance	

**ACCRUALS**

1 <sup>ST</sup> QTR	2 <sup>ND</sup> QTR	3 <sup>RD</sup> QTR	4 <sup>TH</sup> QTR	CLOSEOUT (YTD)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with the conditions of the Contract. I also certify that all required payroll and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to Local, State or Federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

_____ Preparer's Name	_____ Contact Number
_____ Name of Authorized Agency Representative	_____ Title
_____ Signature	_____ Date



**ATTACHMENT B-1**

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 FINAL FUNDING REQUISITION CLOSEOUT REPORT**

Agency Name:			
Contract No.:			
Program:	<input type="checkbox"/> WIA Adult	<input type="checkbox"/> WIA Dislocated Worker	
Fiscal Year Period:	07/01/09 – 06/30/2010		
Prepared By:			Contact Number:

[illegible]

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WORKFORCE INVESTMENT ACT (WIA) PROGRAMS  
FY 2009-2010 FINAL FUNDING REQUISITION CLOSEOUT REPORT  
(CONTINUED)**

[illegible]

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WORKFORCE INVESTMENT ACT (WIA) PROGRAMS  
FY 2009-2010 FINAL FUNDING REQUISITION CLOSEOUT REPORT  
(CONTINUED)**

BUDGET LINE ITEM	(A) BUDGET	PROGRAM COST						(H) CURRENT MONTH EXPEND. (B+C+D+E +F+G)	(I) PRIOR MONTH YTD EXPEND.	(J) TOTAL YTD EXPEND. (H+I)	(K) AVAILABLE BALANCE (A-J)
		(B) Admin. Cost	(C) Core A	(D) Core B	(E) Intensive	Training					
						(F) Tuition	(G) Other				
Indirect Costs											
Subtotal Indirect Costs											
GRAND TOTAL											

					Training	
Charges	Admin	Core A	Core B	Intensive	Tuition	Other
Current Budget						
Current period Exp						
Prior Period Expense						
Total Expenditure						
Cash Balance						
Cash Request						
Available Balance						

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 ANNUAL PARTICIPANT CLOSEOUT REPORT**

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Program: ☐ WIA Adult ☐ WIA Dislocated Worker  
 Prepared By: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**FY 2009-2010 REPORTING PERIOD**

☒ 1<sup>ST</sup> Quarter (Jul – Sep)      ☒ 2<sup>ND</sup> Quarter (Oct – Dec)      ☒ 3<sup>RD</sup> Quarter (Jan – Mar)      ☒ 4<sup>TH</sup> Quarter (Apr – Jun)

<b>SERVICE LEVEL</b>	<b>QUARTERLY COUNT (NON-CUMULATIVE)</b>			
	<b>1<sup>ST</sup> QTR</b>	<b>2<sup>ND</sup> QTR</b>	<b>3<sup>RD</sup> QTR</b>	<b>4<sup>TH</sup> QTR</b>
Core A Enrollments				

**Adult Program**

<b>SERVICE LEVEL</b>	<b>PLANNED</b>	<b>ACTUAL</b>
Core B Enrollments		
Intensive Enrollments		
Training Enrollments		
<b>PERFORMANCE MEASURES</b>	<b>PLANNED</b>	<b>ACTUAL</b>
Entry into unsubsidized employment		
Six months retention in unsubsidized employment		
Earnings after six months of employment		
Credential attainment (see 'Note' below)		

**Dislocated Worker Program**

<b>SERVICE LEVEL</b>	<b>PLANNED</b>	<b>ACTUAL</b>
Core B Enrollments		
Intensive Enrollments		
Training Enrollments		
<b>PERFORMANCE MEASURES</b>	<b>PLANNED</b>	<b>ACTUAL</b>
Entry into unsubsidized employment		
Six months retention in unsubsidized employment		
Earnings after six months of employment relative to earnings of job of dislocation		
Credential attainment (see 'Note' below)		

NOTE: Attainment of a recognized credential relating to achievement of educational skills, which may include attainment of a secondary school diploma or its recognized equivalent, or occupational skills, by participants who enter unsubsidized employment.

\_\_\_\_\_  
Name of Authorized Agency Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 YEAR-END PROGRAM GENERAL LEDGER(S)**

Agency Name: \_\_\_\_\_  
Contract No.: \_\_\_\_\_  
Program: ☐ WIA Adult ☐ WIA Dislocated Worker  
Fiscal Year Period: 07/01/09 – 06/30/2010  
Prepared By: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**General Ledger Requirements and Conditions**

- The general ledger must be specific to the Program being funded (i.e., separate general ledgers shall be maintained for each Program; an Agency-wide general ledger is not acceptable).
- All contractors shall maintain records that adequately identify grant funds. The records must contain information pertaining to the grant, and be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- Final payment will not be made until Community and Senior Services identifies Program expenditures appropriately.
- All line item cost categories shall align to the Budget Summaries included in the FY 2009-2010 Contract. Any discrepancies may result in reductions to the invoice(s).
- Please refer to FY 2009-2010 Contractor Release Form (Attachment H) for total expenditures.

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 FINAL PROPERTY INVENTORY CERTIFICATION  
(Property Acquired With Program Funding Only)**

Contractor:	
Contract/Amendment No.:	Fiscal Year Period: <b>07/01/2009 - 06/30/2010</b>
Program (specify):	

**I. ACQUISITION OF PROPERTY**

Please mark the applicable selection.

- ☐ Contract/Amendment **Without** Property  
I hereby certify that no property/equipment was furnished or acquired with Program funds according to the terms and conditions of this Contract/Amendment.
- ☐ Contract/Amendment **With** Property  
I hereby certify that the inventory listing detailed below is complete, and that it accurately reflects all property/equipment furnished or purchased using Program funds under the terms and conditions of this Contract/Amendment. (Attach additional pages if needed.)

Property/Equipment	ID# (e.g., stock no., serial no., property tag no., etc.)	Location of Property/Equip.	Acquisition Date	Acquisition Cost	Current Value	Condition

**II. FY 2009-10 CONTRACT/AMENDMENT**

Please mark the applicable selection.

- ☐ Contract/Amendment Has Been Approved  
The property/equipment inventory listed above (and on any attachments) will be retained for the period specified in this Contract/Amendment.
- ☐ Contract/Amendment Has Not Been Approved  
The property/equipment inventory listed above (and on any attachments) will be returned within 90 days of the expiration or termination date of this Contract/Amendment.

_____ Name of Authorized Agency Representative	_____ Title
_____ Signature	_____ Date



**ATTACHMENT F**

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 CONTRACT CLOSEOUT TAX CERTIFICATION**

Contractor:	
Contract/Amendment No.:	Fiscal Year Period: <b>07/01/2009 - 06/30/2010</b>
Program (specify):	

In the performance of the Contract indicated above, I certify that I have complied with the requirements of the law (including Local, State of California/Workforce Investment Division (WID) Administration and Federal regulations) which includes, but is not limited to, the following: 1) obtaining employer identification/account numbers; 2) collecting, paying, depositing and reporting Federal, State and Local taxes; and, 3) providing W-2 forms to employees/enrollees who are not now the Agency's employees. For present employees/enrollees and individuals formerly employed/enrolled under the Contract, W-2 forms will be furnished as specified in Circular E of the federal Employers Tax Guide.

IN WITNESS WHEREOF, this assignment has been executed this \_\_\_\_ day of \_\_\_\_, 2010.

_____ Contractor Address	_____ Contractor Federal Employer Identification Number (FEIN)
_____ Name of Authorized Agency Representative	_____ Title
_____ Signature	_____ Date

**COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 CERTIFICATION OF PROGRAM INCOME DISCLOSURE**

Contractor:	
Contract/Amendment No.:	Fiscal Year Period: <b>07/01/2009 - 06/30/2010</b>
Program (specify):	

**I. Did your agency generate any Program Income?**

☐ Yes      ☐ No

If yes, please explain below (attach additional pages if necessary):

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**II. Please detail by cost category - Administrative and Program**

GRANT NAME	PROGRAM INCOME		
	Administrative	Program	Total
<input type="checkbox"/> WIA Adult			
<input type="checkbox"/> WIA Dislocated Worker			

**III. Certification**

I certify that the information contained in this Certification of Program Income Disclosure form is true and correct to the best of my knowledge.

_____	_____
Name of Authorized Agency Representative	Title
_____	_____
Signature	Date

ATTACHMENT H

COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY  
WIA DISLOCATED WORKER ECONOMIC STIMULUS FUND  
FY 2009-2010 CONTRACTOR RELEASE FORM

Contractor:	
Contract/Amendment No.:	Fiscal Year Period: <b>07/01/2009 - 06/30/2010</b>
Program (specify):	

Pursuant to the terms of Contract Number \_\_\_\_\_, and in consideration of the expended sum of \$\_\_\_\_\_, of which \$\_\_\_\_\_ is the **amount paid** and \$\_\_\_\_\_ is the **amount to be paid** under this Contract, \_\_\_\_\_, Contractor or its assignees, if any, upon payment of the said sum in the amount of \$\_\_\_\_\_ (subject to the review and final reconciliation by Community and Senior Services, hereinafter called the contracting entity) releases and discharges the contracting entity, its officers, agents and employees of and from all liabilities, obligations, claims and demands whatsoever under or arising from this Contract for FY 2009-2010 activities.

This release has been executed this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

_____ Name of Authorized Agency Representative	_____ Title
_____ Signature	_____ Date